

**NOTICE OF
REVOCATION OF SPECIAL POWER OF ATTORNEY**

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____ of (City) _____, Idaho, do hereby revoke the power of attorney dated _____, 200__, appointing _____, of (City, State) _____ as my true and lawful attorney-in-fact.

IN WITNESS WHEREOF, I have signed this Notice of Revocation of Power of Attorney this date, _____, 200__.

STATE OF IDAHO

COUNTY OF _____

Subscribed, sworn to and acknowledged before me by _____ on _____, 200__.

(SIGN)
(PRINT)

NOTARY PUBLIC

My Commission Expires:
